

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12129

-62-049524
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.A. City Hosp No 1</i>		d. STREET ADDRESS (If outside, give location) <i>2927 Thomas</i>	
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Fredrick</i> Last <i>Hamilton Jr.</i>		4. DATE OF DEATH <i>12-13-62</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 4, 1928</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis Mo.</i>	
11a. FATHER'S NAME <i>Robert Fredrick Hamilton Jr.</i>		11b. MOTHER'S MAIDEN NAME <i>Lereane Outlaw</i>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes war II</i>		13. SOCIAL SECURITY NO. <i>9130-22</i>	
14. NAME OF HUSBAND OR WIFE <i>Clara L. Hamilton</i>		15. ADDRESS <i>1378 Granville pl</i>	
16. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemorrhage from Transection left femoral artery, Suffered when cut with knife in hands of one Willie Mae Mobles in home at 2927 Thomas Street about 1:30 P.M. December 13, 1962.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Accident</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>See above</i>	
20c. TIME OF INJURY <i>10:30 a.m.</i>	Month, Day, Year <i>12-13-62</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>21 Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis, Mo</i>	COUNTY STATE
21. I attended the deceased from <i>11:00 p.m.</i> and last saw her/him alive on <i>11-21-62</i> Death occurred at <i>11:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Helen L. Taylor, Coroner</i>		22b. ADDRESS <i>1300 Clark Ave</i>	22c. DATE SIGNED <i>12-18-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-19-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) <i>Jefferson Bk. Mo</i>
24. FUNERAL DIRECTOR <i>A.H. Burks</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 18 1962</i>	26. REGISTRAR'S SIGNATURE <i>Joan Smith. M.D.</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed: _____

Licensed Embalmer No. 4628

P. O. Address 1238 N. Kingsley Hwy
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.